SEXUALITY AND AGING

by Alex Comfort, M.B., D.Sc.
Institute for Higher Studies
Santa Barbara, CA

The May, 1974, issue of the SIECUS Report included ten important position statements adopted by the SIECUS Board of Directors. This article expands on the statement concerning sex and aging, which reads as follows:

Aging people are too often deprived of opportunities for sexual companionship and expression, which they need despite unscientific beliefs to the contrary. Society has an obligation to create conditions conducive to the fulfillment of these needs.

Aging induces some changes in human sexual performance. These are chiefly in the male, where orgasm becomes less frequent and where more direct physical stimulation is required to produce erection, but compared with age changes in other body systems, such as muscular strength or vital capacity, these changes are functionally minimal. In fact, in the absence of disease, sexual capacity is lifelong, and even if and when actual intercourse fails through infirmity, the need for other aspects of the sexual relationship such as closeness, sensuality, and being valued persists. This is totally contrary to folklore. It is totally contrary to the preconceptions of hospital and nursing home administrators. It is even contrary to the beliefs of many older people themselves, who have been hoodwinked out of continuing sexual activity by a society which disallows it for the old, as they have been hoodwinked out of so many other valuable activities of which they are fully capable—useful work, social involvement, and even continued life—through being wished away by well-meaning relatives.

The odd thing is that the hoodwinking hasn’t been more successful. Old folks stop having sex for the same reasons they stop riding a bicycle—general infirmity, thinking it looks ridiculous, no bicycle, and, perhaps most pernicious, the acceptance of the social image of the dirty old man and the undesirable older woman.

Until recently, old people were not asked about sexual activity because they were assumed to have none, and assumed to have none because they weren’t asked. Such questions weren’t included in medical histories because they might cause embarrassment, and their causes much less to the patient than to the physician because the image of older people as sexual beings was simply not accepted.

What Are the Facts?

The statistical studies on the sexual activity of old people are instructive. They tend to show that old people have always been sexually active, and that this activity has been reinforced as the attitude of the culture has become less negative. We need to bear in mind that those now eighty have the sexual indoctrination of the period from 1910 on. As far back as 1926, Raymond Pearl (1930) found that nearly four percent of all males between the ages of 70 and 79 were having intercourse every third day, and nearly nine percent were having it weekly.

Finkle and co-workers (1959) questioned 101 men aged 56 to 86 years with no complaint likely to affect potency and found 65 percent under the age of 69 and 34 percent over 70 still active, with two out of five over 80 years of age averaging ten copulations a year. Further investigation showed that some in the sample had never had intercourse. Others, though potent, had no partner. In the group over seventy years of age, the main reason given for sexual inactivity was not lack of function, but “no desire.” In fact, of all the men over sixty-five, only three gave as their reason “no erection.”

Newman and Nichols (1960) questioned men and women from 60 to 93 years of age and found 54 percent sexually active. No significant decrease was found under the age of 75; after seventy-five, 25 percent were still active, and the decline was accounted for chiefly by illness of self or partner. "Those who rated sexual urges as strongest in youth rated

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FOR US

by Sylvia M. Friedlander

Sex after sixty, a delightful pleasure
To be sipped, enjoyed, and savored at leisure.
No tearing away at undershorts' grippers,
No frantic fumbling of hooks and zippers.
Time to explore those still unknown—
Each and every erogenous zone.
No fretful, teething baby's cry
To interrupt a lover's sigh.
Just the warmth of each other's embrace,
Fingers tracing a familiar face.
No more worry about periods due.
We've indulged before, but forever it's new.
And when we total up the accounts,
It's quality, not quantity that really counts.

[Note: The above poem was written by Mrs. Friedlander for her husband on June 14, 1975, for Father's Day. We thought it should be shared with our readers in this issue on the aging.—Ed.]
HELPING ELDERLY COUPLES ATTAIN
SEXUAL LIBERATION AND GROWTH

Mary Ann P. Sviland, Ph.D.
Private Practice, Canoga Park, CA
and Assistant Professor, Department of Psychology,
California State University, Northridge, CA

Sexuality in the aging is a meritorious area for sexual education and therapy focus. The general attitude that sexuality is the domain of the young has resigned many senior citizens to premature impotency, frustration, self-depreciation, loneliness, and depression. Helping older persons improve their sexual function and adjustment is not an end in itself, but is a means of fulfilling a deeper core—the timeless need of all humans for intimacy and love. Thwarted sexuality and the lack of an intimate and empathetic relationship may contribute more to depression in the elderly, currently diagnosed as involutional, than previously assumed.

This article describes a sex therapy program in a medical hospital setting and in private practice. It is designed for older couples with a basically sound marriage relationship who want to shed their sexual inhibitions and expand their repertoire of sexual behaviors in line with recently liberated mores. Raised in a more prohibitive era, they want to erase still prevalent internal taboos about such activities as oral-genital sex, masturbation, or sex for pleasure.

The program focuses on attitude restructuring, both in the removal of sexually negative self-labels and in relationship enhancement. It is the climate of granting self-permission to be sexual, coupled with feelings of mutual acceptance, warmth, and physical desire, that allows natural, spontaneous sexuality to flourish and grow.

Couples are seen weekly for one hour and given homework assignments. Individually kept daily logs supply the therapist with information on task success, self-perceptions, and relationship conflicts. The treatment eclectically combines educational materials, behavior modification, and traditional psychotherapy techniques according to the needs and goals of each couple.

Sexual values and capabilities may differ markedly among the elderly. Therefore, the therapist never advocates specific behaviors but helps the couple explore their fantasies and set their own goals. The couples are given permission to experiment with as wide a range of sexual behaviors as desired. Later they discard or incorporate these behaviors into their sexual patterns according to their own values of meaningfulness.

The program can be generally divided into the following steps:

**Initial Assessment**
First sessions explore: a) current sex life; b) subjective feelings about current sex life; c) marital dynamics; d) degree of attitude change mutually desired; and e) definition of goals and probable therapy time required.

**Working Through Obstructive Marital Dynamics**
Sexual behavior is examined from the wider perspective of the total marital relationship. Negative transactions and hidden resentments must be removed before sexual therapy can begin. Many times the bedroom is a battleground for hostilities and resentments arising elsewhere in the relationship. Improved sexual adjustment is improbable while the partners are occupied in power struggles, uncooperativeness, and withholding sexually satisfying behaviors. Increased sexual gratification requires a shift toward positive feelings about the partner, and will not automatically occur from technique improvement alone.

**Granting Permission to be Sexual**
The primary therapy goal is to increase sexual satisfaction through the acceptance of one's sexuality without guilt or shame. The therapist becomes a stronger authority figure than the super-ego in granting permission for sexual curiosity and in warmly reinforcing each exploratory movement. The basic attitude to get across is that sex can be playful and enjoyable, and another way of expressing affection. Sex does not have to be either a ritual or a sacrament. One does what one wants when one feels like it.

**Increasing Physical Attractiveness**
In all cases where the relationship is dull because the couple take each other for granted and do not satisfy each other's romantic needs, techniques are added to increase physical attractiveness and to bring the quality of a love affair into the marriage. Both describe the kinds of clothing, grooming, and behavior that would enhance attractiveness in
the self or in the other. Homework exercises designed to replicate the playfulness, intrigue, and joy of dating may include: candlelight dinners, unexpected love notes, flirtatious telephone conservations, picnics and lovemaking in sunny upland meadows or by their own fireplace, and so forth.

Sex Education Tools

Sex educational materials may be introduced for the purpose of: a) desensitization to previously taboo thoughts and behaviors; b) technique learning; c) increasing eroticism; and d) increasing ability for sexual fantasy. Couples may be sent into the field to view X-rated movies or read books such as Comfort's Joy of Sex and Otto's Total Sex. Couples generally experience an exhilarating sense of naughty intrigue with such assignments. Their responses to these materials are explored and used to establish sexual exercise goals.

Increasing Eroticism and Fantasy Life

Increasing eroticism and the fantasy system facilitates later homework sex assignments. The wife may be so absorbed in daily routine that her sexual fantasy life is virtually nil. She may need help to integrate increased, explicit sex fantasies with her self-ideal. In other words, to understand that a woman can dream about and enjoy sex and still be a lady! Couples write in detail and share their ideal sexual fantasies involving their partner, before body contact exercises are introduced. Frequently the wife's fantasy reflects a strong need for more romantic and tender behaviors while the husband's fantasy reflects specific sex act concerns. Sharing this information can lead each to fantasize how best to meet the other's specific needs—to the ultimate benefit of both.

Selected Sexual Exercises and Pleasure Communication

The Masters/johnson and Hartman/Fithian sexual pleasuring exercises, foot and head caressing, or sensual body massage may be introduced to develop greater body involvement and expand sensual pleasure. Partners learn to express directly, and without embarrassment or anxiety, their sexual needs which may not agree with normative data. They learn to become verbally and nonverbally expressive during sex to guide the partner's pleasure-giving ability. Mutually agreed upon exercises proceed slowly under patient control in order to prevent anxiety or negative emotional response.

Technique Changes to Minimize Effects of Aging in the Male

Although the aging female does not experience much change in sexual capacity, both partners must understand changes in the aging male and adjust their sexual patterns accordingly, in order to minimize the effects of these changes and to be left feeling mutually satisfied. A common-sense approach to sex is required that involves alternate non-demand pleasuring of each other, and removal of the "touchdown mentality" requiring end-product orgasm. Couples are taught to be lighthearted and to enjoy each sexual encounter for whatever it brings.

Problems of loss of ejaculatory inevitability or of erection can be avoided by teaching the male to have an orgasm when he feels like it and then to continue pleasuring the female. The male may need direct hand stimulation of the genitalia during intercourse for ejaculation to occur, and must communicate this need. Frequently the wife must be trained to be a more active participant in the sex act. This can at first be highly threatening to couples with narrowly defined, stereotyped sex roles, but they can be helped to accept this as their attitudes become freer.

Sexual Growth

Some couples who follow these procedures and who can maintain a playful, unhurried atmosphere during sex develop an increase in sexuality that may even exceed their earlier age activity. This is not surprising since we know that a wide gap exists between sexual potential and average sexual performance. Furthermore, in a 1969 longitudinal study, Eric Pfeiffer at Duke University found that fifteen percent of his subjects over sixty years of age grew sexually over the time span of the study.

This program has successfully changed behavior and attitudes within weeks. Sexual therapy directed to helping elderly couples become sexually liberated not only has positive social value but has enabled elderly couples to open mutual communication, to increase intimacy and self-esteem, and to enjoy without guilt the sexual pleasures that society restricts to its youth. More such services to elderly couples should be provided.

DO YOU KNOW THAT...

NCFR Annual Meeting in New York City

The National Council on Family Relations will hold its annual convention on October 19-23 in New York City. The program is being developed around the theme 'Family and Sex Roles.' The NCFR Section Meetings on counseling, education, family action, research, and theory will feature speakers, panels, and group discussions on that topic. For further information and registration materials, write to: NCFR, 1219 University Avenue. S.F., Minneapolis, MN 55414.

New Publication on Sexual Law

A new publication, Sexual Law Reporter, is now available. This bimonthly newsletter will report on recent court cases involving homosexuality, heterosexuality, transsexualism, transvestism, sex discrimination, and other sex-related issues. Other features include announcements of new or pending legislation on sex-related issues in the U.S., reviews of articles in law journals and other periodicals, and analyses of why particular legislation passed or failed. This newsletter is intended for lawyers, judges, and others interested in sexual civil liberties. To subscribe, write to: Sexual Law Reporter, 3701 Wilshire Blvd., Suite 700, Los Angeles, CA 90010. Subscriptions are $15 for individuals, $25 for libraries, and $10 for students.
SEXUALITY AND THE AGING: 
A SELECTIVE BIBLIOGRAPHY

Books


While not written specifically for the aging individual, this book does offer answers to many questions that are important to both young and old who are concerned with their hearts. How much strain does sexual intercourse impose on the heart? What are the sexual adjustments that can be made by the heart patient? How is the patient’s mate affected? These are just some of the questions that are answered in this book. Drawing upon clinical studies of healthy couples and men and women who are heart patients, it describes exactly what happens to the heart during sexual intercourse.


Challenging the prejudice against the elderly in our society, the authors encourage the elderly to express their sexuality as a rightful part of their total personality that contributes to their self-respect and physical well-being. Practical information about technique is included for sex with partners or alone. Helpful information is supplied on where to find advice and assistance on many topics of concern to the aging.


A reassuring and enlightening look at the facts that make possible an active sex life for the over-fifties. Case studies are used to illustrate some of the problems, psychological and physical, that are common to many aging people. Relevant questions are answered and suggestions are made in order to allay some of the fears and possibly to enhance the act of sexual intercourse among the middle-aged and elderly.


This layman’s guide to sexual activity is both easy to read and informative. Victorian myths are exploded, the history of sex potions and gadgets is detailed, and the availability of psychological and physical therapy is discussed. Some common physical failures of the aged are explained, as well as some possible effects of illness and surgery on sexuality. How sexually active one can be is outlined clearly.


Dr. Felstein describes the many changes that occur in the life of the aged person. These changes are not only physical and psychological, but social as well. The works of Kinsey, Freud, and Masters and Johnson are reviewed as they deal with the subject of the aged and sexuality. Sexuality within the confines of marriage, as well as outside it, is discussed. The role of the geriatrician and how it differs from general medical practice is explained.


Written by two well-known gerontologists, this is a book for both professionals and persons approaching their later years. They report ample research to demolish the myths about sex and aging, and they go on to describe, through case studies, how older adults can have a rewarding sex life in their later years.


This book examines many of the needs, problems, and interests of persons over sixty regarding sexuality. Clinical and research data about sex functioning and sexual response are explained, as well as the sexual changes that take place in aging. Myths are explored and disproven, along with many of the sex health frauds that especially prey on older people. Special health problems are discussed, including: heart disease, prostatic difficulty, hypertension, and diabetes. The author concludes his comprehensive book with a section outlining a strategy for living in which he stresses the right of older people to express their sexuality freely and without guilt.


A description of how sex can be used as medicine as it aids in healing. The author gives ten reasons for recommending and prescribing sex to his patients. The causes of heart disease are analyzed with details from coronary personality profiles. The author reveals his unique five-point plan for a better sex life that will reduce stress, improve health, and lower the risk of heart attack.


Sexual activity and the consequences of aging, with an emphasis on the effects on the heart, are explained. Resuming sexual activity after a coronary is advocated, with an explanation as to the risks involved. Suggestions are also offered to the spouse of the heart attack victim. Myths are discussed and shown up for what they are.


An easy-to-read, nontechnical book intended for the senior citizen, with large print to make reading easier. The authors present stories of people they have come in contact with as professionals that prove interesting and enlightening. Written in a reportage literary style, this book contains problems and solutions dealing with day-to-day living among the elderly. Without going into detail, the book manages
to convey the feeling that sex among the seniors is perfectly healthy and natural.

**Chapters From Books**


Dr. Calderone projects into the 1990s in order to estimate what the sexual and emotional status of women will be at that time. Quoting some recent studies, the author is optimistic in her view of the future.


In describing some of the characteristics of those over sixty, Dr. Calderone points out that the range in interests and abilities among this group is as wide as among younger groups. Some of what is known regarding sexuality among the aging is discussed, including studies done on the aging homosexual. The importance of the attitudes of others on the sex life of the aging is stressed.


Without devoting any one chapter to the subject of sexuality, the author does manage to discuss several issues in the book as they apply to the aging. The effects of aging in both men and women, deviations, frequency of intercourse, homosexuality, masturbation, etc., are some of the areas discussed.


An optimistic view of female sexuality after the age of forty. Gives reasons as to why sex may be even better than at any earlier time of life. A variety of researchers in the field are quoted on the possibility of enjoying sex after forty. Menopause is explained, and there is a short discussion of possible problems faced by men over the age of forty.


A description of some of the common ailments suffered by women over fifty years of age. The emphasis is on vaginal discomforts, and explanations are offered and suggestions made to alleviate pain and anxiety.


Graphs and tables are used frequently to illustrate the effects of aging upon sexual activity. Statistics are presented showing the differences in sexual response at various stages of sexually active life. Impotence, masturbation, petting to climax, homosexual activity, marital intercourse, etc., are all discussed as they apply to the aging male.
The importance of sexual success in the mid-years is stressed, along with some of the problems and their roots. A case study is presented and analyzed. The emphasis is on the fact that most problems at this point had their beginnings long before.


A review of the Kinsey findings, the Masters and Johnson reports, and the Duke University longitudinal data as they apply to the sexuality of aging persons. The implications of the findings are discussed and suggestions for further studies are offered.


The effect of the double standard on men and women is described, giving examples of each. Statistics and case studies are used in order to emphasize the importance of sex in the life of older people. The work of Kinsey, Masters and Johnson, and Isadore Rubin, among others, is discussed as it pertains to the subject.


Using some actual case studies, Dr. Reuben answers many questions relevant to aging men and women regarding sexual activity. Without being technical, the author manages to answer concisely and often amusingly.


The author of Sexual Life After Sixty, Dr. Rubin discusses the role that the Masters and Johnson work played in smashing the stereotype of the sexless older person. He summarizes the work of Masters and Johnson, as well as of other investigators in the field.


The time of menopause is examined with its possible effects on sexual activity for the woman. Some of the problems men may encounter at this time of life are dealt with, and the effect of nutrition on sexuality is taken into consideration.

Pamphlets


Dr. Calderone answers questions ranging from "the sexual or emotional needs of older people" and the part masturbation plays in the sex life of the elderly, to the attitude of the family physician toward sexuality in the later years. The right to privacy, whether in nursing homes or not, and the acceptance of the sexuality of the aged by society are stressed.


The author answers in a straightforward, readable manner many commonly asked questions on menopause, sexual activity, male changes, emotions, fears, and facts, etc. Such questions as: What is the menopause? What is the first sign of change? Why are some women so emotional? Do men go off sex? Is lovemaking wrong during the change? and many others help clarify for the lay person and the professional alike some important areas of sexuality and aging.


The author deals with the conflicting phenomenon in our society that makes many older people feel that sex, at their age, is neither necessary nor possible. It is brought out that sexual activity need not cease among the aged, even if there are certain health problems: heart conditions, arthritis, diabetes, prostate ailments, hysterectomy, etc., do not necessarily mean an end to an active sex life. Without being technical, this pamphlet goes far to reassure older persons that sex at their age is both natural and safe.


Intended primarily for discussion leaders and for individuals interested in intensive, self-motivated study, this guide examines many of the issues relating to sexuality in the later years. Relevant research data are explored, myths and misconceptions are explained, and common medical problems are discussed. Some of the factors responsible for declining sexual activity, sexual aging in women, the importance of regularity of sexual expression, and the implications of our new knowledge are explored.

Journal Articles

Calderone, Mary S., M.D. "Middle-Age Sex: Myths and Misconceptions" (an interview). Dynamic Maturity 9 (November, 1974): 40–43.

This question-and-answer format serves to clarify several misconceptions concerning the aging and sexuality. Dr. Calderone explains some of the physiological changes that affect the sexuality of aging men and women, and also the psychological factors that can influence this area of their lives.


There is no denying that age is a factor in human sexual performance, but compared with age changes in other areas it is minimal. The author advises physicians and geriatricians to support and encourage the sexual expression of their patients. The right of privacy in nursing homes is stressed.


The importance of nurses examining their own attitudes and feelings concerning sexuality and the sexual behavior of others help clarify for the lay person and the professional alike some important areas of sexuality and aging.
older patients is outlined in this article. Patterns in middle age, menopause, sexual dysfunction, and chronic health problems are discussed. The emphasis is on the importance of nurses' seeking adequate knowledge about sexual functions, and refining their own communications skills.


A nontechnical examination of the plight of the aged in our society. The work of Kinsey, Masters and Johnson, and the Duke University Longitudinal Study, and other studies are discussed and several case studies are cited. The position of most nursing homes on the subject of sexuality and the aged is explained. Doctors' attitudes toward the subject are discussed. A superficial explanation of the physical effects of aging upon sexuality is offered.


Insight, experience, finesse, and imagination are some of the qualities that, hopefully, have matured along with the individual man. Physiologically, the man is slower in his sexual arousal, which can be a positive benefit to his partner. The author explains these and other advantages to being middle-aged.


The work of Kinsey, Masters and Johnson, and the Duke University Center for the Study of Aging and Human Development are discussed. The findings are evaluated with their implications for the practicing physician. Sexual taboos and some factors in the decline of female sexuality are explained.

SEX IS A STUDENT AFFAIR

Chapter 7 of

Sexual Health Services for Academic Communities

Contributors

Derek L. Burleson, Ed.D.
Mary S. Calderone, M.D.
Marion Hamburg, Ph.D.
Helaine J. Hamelstein, M.A.
Clyde E. Rapp, M.D.
David M. Reed, Ph.D., M.P.H.
Elizabeth Stanley, M.B.C.S.
Eugene E. Vadies, M.S.W.
Stanley Wasserman, Student

A New Book

Based on studies by a National Liaison Committee (Clyde E. Rapp, M.D., Chairman) with representatives from SIECUS (Sex Information and Education Council of the U.S.), Planned Parenthood Federation of America, Inc., and the American College Health Association. This Book explains the need for sexual health services, and how to establish and maintain these services.

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them as moderate in old age; most who described sexual feelings as weak to moderate in youth described themselves as without sexual feelings in old age,” confirming Pearl’s 1926 finding, as well as Kinsey’s evidence, that early starters are late finishers.

Pfeiffer, Verwoerdt, and Wang (1968), of Duke University, studied 254 older people of both sexes. The median age for stopping “sexual activity” (presumably coitus, not masturbation) was 69 in men and 60 in women, the difference being due to the age differential (an average of four years) between spouses. The figures for regular and frequent intercourse were 47 percent between the ages of 60 and 71, and 15 percent for those 78 and over. The most interesting part of this study is that it was longitudinal. Over a five-year period, 16 percent of the subjects reported a falling-off of activity, but 14 percent reported an increase.

These and other studies show a mixture of high and low sexually active individuals. Those whose sexual “set” is low for physical or attitudinal reasons drop out early, often using age as a justification for laying down what has for them been an anxious business. Social pressure, ill health, and the ill health or lack of a partner take some toll, but among the sexually active and sexually anxious when young, aging abolishes neither the need nor the capacity for intercourse. A generation which has lived sexually, viewed sexual activity passively, and has aged not with the expectation of asexual sterility, but of continuing sexual activity for as long as possible, will most likely report significantly higher sexual activity than the subjects in the studies reported above.

Today, individual variation is large. Continuance of sexual activity depends more on the life pattern older people experience than on gradual changes in the sexual physiology of aging. The negative picture of sex in the later years is folklore. This negative folklore can become self-fulfilling reality, or it can be discredited if we set the record straight.

What Can We Do?

For those who are old now, sexuality can be a solace, a continuing source of positive self-image, and a preservative. It can be—if it is maintained, or revived, without impertinent interference, or at least not condemned, mocked, or obstructed. Not all wish to have it pressed upon them, but at least we should stop turning it off. Surgeons could stop doing radical prostatectomies which compromise potency on the assumption that after the age of sixty “he won’t need it,” or suggesting that for certain conditions the vagnas of elderly women should simply be sewn up. The idea of providing petting rooms in hospitals is well-meaning, but it can be discredited if we set the record straight.

We have to make society understand that all humans are sexual beings, retaining the same needs until they die. Without being overly evangelistic, we must show the elderly that loving and being loved, in their fullest physical expression, are never nonesthetic or contemptible. How far the sexuality of the old can be rekindled or encouraged depends on them, on their wishes and feelings, but there is a lot we can do. This includes the avoidance of medical, surgical, or social castration, early counseling to neutralize the jinx which is laid on many people as they age, publicizing the facts about continued male potency and female capacity, continuing research in these areas, and, in some cases, active therapy with hormones and judicious cosmetic surgery.

Older men need to be warned against sexual atrophy as they are warned against lingering bed rest: if they stop for any length of time it may be difficult to begin again. Slightly younger men need information about the normal decline in orgasm frequency; they should be encouraged to enjoy extra mileage, and their partners should be briefed about the need for more direct tactile stimulation. Older people seem to profit from instruction in cultivating some of the gentler and less specifically genital forms of sensuality and sexual expression, and are often very ready for them. If one’s sex life has been full and one’s sensuality not blocked by anxiety or convention, sexuality in old age becomes a different and quieter experience but not less sexual than in youth.

Nor is it too late to learn. One hears of anorgasmic women who, in their late sixties or even their seventies, have learned to masturbate and then to progress to coital orgasm for the first time in their lives. Their motive in coming for treatment was that they didn’t want to die without the full experience of womanhood. There are many simple procedures—conservative prostatic surgery, treatment of prolapse or senile vaginitis, correction of pendulous breasts and other minor gynecological problems—which can help a lot.

I have said we need to help without impertinent interference. Some of that help will come from the regular physician, but another feasible possibility is allowing, or gently encouraging, sexuality to come up in group discussion among older couples. Peer discussion alone is a reassurance and a help to many people. Discussion also serves to create a climate of renewed sexual interest and hope which can quite transform the atmosphere of a retirement home where people are not disabled, only discouraged. A really good book on sex for the older citizen could be a big start as a nonsense corrective. (See the bibliography beginning on page 5.) It’s rather nice, too, that a lot of older people have been resexualized by supportive sons and daughters.

My general conclusions are these: without embarrassing or evangelizing the elderly, we need to support and encourage their sexuality. It is a mental, social, and probably a physical preservative of their status as persons, which our society already attacks in so many cruel ways. We can at least stop mocking, governessing, and segregating the old and the aging; it is to their sexuality, after all, that we owe our own existence, and that sexuality is honorable.

References


BOOK REVIEWS


Reviewed by Reverend Leon Smith, Ed.D., Director of Educational Ministries in Marriage, United Methodist Church, Nashville, TN, SIECUS Board Member.

Although filling only a brief 160 pages, this book is a major contribution to understanding "the emotional, physical, sexual and social potential of the elderly."

With 22 million American members of "the new generation" still plagued by myths regarding the later years, this book is very much needed. One of its main purposes is to report research that destroys those myths; another is to guide and counsel older persons as they strive for as full an emotional and intimate life as possible.

This book is directed to both professionals and persons approaching the later years. Professionals will find it helpful not only for understanding the older generation, but also for working with their children and other family members.

Sexologists will applaud the authors' statement, "no greater myth exists than that which assumes that older persons have no capacity for tender love or sexual response." Though the major emphasis is on married love, the authors also give attention to the more than 11 million single adults over 55, who make up more than half of our older population.

This is a book of hope that goes beyond reporting research. Some readers may detect what seems to them to be an unjustified optimism. However, the case studies show that the authors write out of long experience in helping older adults find and enjoy love in their maturity. They know that destroying myths is not enough, so they offer practical suggestions about preparing for the later years.

The authors are experienced specialists in problems of the aging. James Peterson is director of liaison services, the Ethel Percy Andrus Gerontological Center at the University of Southern California. Barbara Payne is professor of sociology and urban life, and director of graduate studies in aging at Georgia State University in Atlanta. A, PR


This is a lively, sensible, stimulating, even wise book. It is just what its title says it is, a guide to love, "the emotional bond between the sexes: its many varieties, its changing nature, its problems and rewards."

Morton Hunt thinks clearly, writes felicitously, and makes excellent use of specific examples to illustrate the various kinds of love he deals with, from unrequited love, lopsided love, infatuation, homosexual love, sadomasochism, to what he himself advocates: "up-to-date love." He dares define and describe love, and succeeds; he explains why it is that loving is something human beings do and need to do. His chapter on learning to love, from infancy through life, is excellent and so is his discussion of the relationship between sex and love. Unfortunately, he assumes that his readers know the basic facts of sex and reproduction. (I wish he had included an appendix explaining these concisely, for many of his readers may not be as informed as they or he assumes they are.)

Hunt is seldom dogmatic; every section of his book provides good material for discussion—between lovers, between not yet lovers, between parents and children, and among young people in a classroom. In general, without preaching he promotes and defends a liberal attitude toward sexual expression between young unmarried people, up to and including intercourse. Yet he does not push his views and respects the decision of those who opt for no sex until marriage.

A DO IT YOURSELF SEX EDUCATION PACKAGE FOR PARENTS
by Sol Gordon, Ph.D.

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He acknowledges that in up-to-date love "distance and mystery are gone," but in their place are "intimacy and realistic appreciation. . . . 'Purity' is gone. In its place is healthy lovemaking and a wholesome knowledge of each other as real physical creatures. Gone is the mystery . . . -but gone, too, is the anxiety and embarrassment that used to make the first night of marriage, and often even the first few years, . . . an agony for both partners."

I have a few reservations about the book. In his section on "The Need to Love," he says that "just as we need food, sleep, shelter" so we need sex. Not so, really. There are many people who live asexual lives and yet do not die, as they would without food or shelter. Indeed, they often seem happy and fulfilled.

He states, "Today, practically all young men and most young women have many sexually exciting experiences during their teens with persons they are in love with. Today, nearly all young people experience heavy petting and orgasm. Nearly all young men and nearly four-fifths of young women have sexual intercourse with someone they love before they marry." My own reading of current research and my conversations with young people do not confirm these statements as quite true, and when I look for their source I find that it is Hunt's own Sexual Behavior in the 1970s (Playboy Press, 1974), based on a far from typical sampling of the population.

Further, I think Hunt is hard on homosexuals to the point of doing them harm. He does admit the existence of same-sex romances that last a lifetime, but his main emphasis is on homosexual hustling, cruising, sex in prison, and other shallow relationships. "According to most of the specialists who have studied homosexual love," he says, "the majority of [homosexual] . . . romances and love affairs are intense but shallow, and are troubled by many conflicts, . . . torn apart by the need . . . for other sexual conquests." He has little to say about the destructive influence of our society on homosexual relationships. Speaking of "deep, warm, long-lasting relationships" between homosexuals, he says that "most psychologists would still say that homosexual love comes about because of some sort of disturbance." I think this is an incorrect and damaging assertion.

He also downgrades masturbation, describing it as mere relief from sexual tension rather than explaining its role in the sexual learning and activity of human beings, single or married, young, middle-aged, or old.

Hunt concludes his book with a summary of "up-to-date love," which I find excellent. He says it is equitarian, giving and getting, realistic, romantic, hard-working, sexually free but sexually exclusive, emotionally exclusive, and companionable—and he explains each of these labels.

Despite my reservations about parts of it, most of The Young Person's Guide to Love is so good that I enthusiastically recommend it for anyone from age fourteen on. LT, A
cles provide detailed consideration of virtually every facet of sexuality by carefully selected authors from many sectors of psychiatric opinion, other fields of medicine, and the behavioral and biological sciences. There is a gratifying emphasis on clinical presentations balanced by a sprinkling of relevant research and critical reviews of the literature.

The range of subjects is most impressive and includes historical surveys of the field, endocrinology, physiology, normal sexual development, sexual techniques, and sociological, anthropological, legal, religious, and psychoanalytic perspectives. Attention is given to interrelationships with mental illness and to various aspects of surgery and medicine, as well as to the sexual dysfunctions, deviations and variations, and new treatment approaches.

The all-encompassing scope of these volumes highlights the omission of the very significant contributions to the field by Dr. Helen S. Kaplan as represented in her widely acclaimed volume on the sexual dysfunctions, The New Sex Therapy, published in 1974. Although Dr. Judd Marmor does a very creditable job of reviewing the dysfunctions in an article on “Frigidity, Dyspareunia and Vaginismus,” and another on “Impotence and Ejaculatory Disturbances,” unfortunately both of these articles suffer from the absence of precisely the contribution represented in Dr. Kaplan’s integration of the work of Masters and Johnson with psychoanalytic and family-therapy approaches. Nor is there anywhere in the chapter an adequate representation of Kaplan’s focus on the biphasic character of the sexual response. Although Marmor does cite Kaplan, his articles suffer from a failure to differentiate adequately between the excitement, the vasocongestive, and the orgasmic muscular contraction phases; thus he does not clearly distinguish between general sexual dysfunction (frigidity) and orgasmic disturbances in the female.

The chapter is particularly strong on its integration between the biological, behavioral science, and clinical aspects of sexuality. This is particularly evident in the article on “Gender Identity” by Dr. Robert Stoller and Dr. Marmor’s article on “Homosexuality and Sexual Orientation Disturbances.” In addition, several articles provide well-documented reviews of biological considerations in sexuality, including one on “Sexual Anatomy and Physiology” by Dr. Virginia Sadock, and another on “Brain Mechanisms of Elemental Sexual Functions” by Dr. Paul MacLean. However, the article on “Endocrinology of Human Sexuality” by Dr. Robert Greenblatt and Dr. Virginia McNamara suffers from an overemphasis on the biological aspects of treatment. For example, in discussing frigidity, the authors note that “Certainly correction of environmental problems is of utmost importance but, despite these uetoar influences, testosterone administration restores the capacity for sexual gratification in almost all women who have once known libido.”

A number of articles introduce broad cultural, societal, and anthropological aspects of marriage and divorce. This includes an article on “Traditional Marriage” by Dr. David Reed, another on “Marriage: A Contemporary Model” by Nena and Dr. George O’Neill, and one on “Divorce” by Dr. Paul Bohannan. All three articles deal with significant aspects of the social and marital contexts of sexual behavior. In an article on “Sociocultural Roles of Male and Female,” Dr. Robert Gould scrutinizes some of the recent changes in society, particularly in the status of women as these affect sexual patterns in both men and women. Some of the implications in the sexual behavior of other animals are reviewed in a brief but stimulating summary by Dr. Gordon Jensen entitled “Cross Cultural Studies and Animal Studies of Sex.”

Dr. Mary Calderone reviews the various aspects of “Education for Sexuality,” with particular reference to the roles of parents, school, church, and community. She acknowledges the difficulty in evaluating sex education programs, but points to evidence of behavior change in the direction of increased ease and openness in discussing sexual topics and better parent-child communication about sex, and makes a strong case for a “massive reeducational program of the society regarding human sexuality.”

The overall impact of the chapter is informative and stimulating and reflects the growing body of knowledge and skills available to the practitioner in the field of sexuality. PR
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Kinsey Institute Offers Bibliographic Tools For Sex Researchers

The field of sex research has some valuable bibliographic tools in three new publications prepared by the staff of the Library of the Institute for Sex Research at Indiana University. For years until now researchers have had to travel to Indiana to use the unique research collection at the Institute founded by the late Dr. Kinsey. Access to this collection, and to the collections in other major reference libraries, is now possible with the publication of Catalog of Periodical Literature in the Social and Behavioral Sciences, Library of the Institute of Sex Research ($280), Sexual Nomenclature: A Thesaurus ($55), and International Directory of Sex Research and Related Fields ($80). Though expensive, these three major reference tools will prove invaluable to sex researchers and research librarians. To order these publications, or to receive a descriptive brochure about them, write to: G. K. Hall & Co., 70 Lincoln Street, Boston, MA 02111.

New Journal On Alternative Family Forms

A new professional journal, Alternatives in Marriage and the Family will soon be available as the official publication of the Alternative Marriage and Relationship Council of the United States (AMRCUS). The journal will publish articles, research, book reviews, interviews and poetry devoted to alternative marriage and family forms. Manuscripts should be submitted in triplicate to the editor, Barry Singer, Ph.D., Psychology Dept., California State University, Long Beach, CA 90804. Send subscription inquiries to: Information and Public Relations Director, AMRCUS, P. O. Box 1961, Philadelphia, PA 19105.

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